



COMMERCIAL CONTRACTOR

City of Maple Grove

S/W Excavating - Plumbing Permit Application

12800 Arbor Lakes Pkwy, P.O. Box 1180, Maple Grove MN 55311

Phone #763-494-6060 FAX #763-494-6417

Job Site Address: _____ Unit #: _____

Property Owner/Builder

Name: _____ Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone#: _____

Contractor

Name: _____ Contact Person: _____

Address: _____ License #: _____

City: _____ State: _____ Zip: _____ Phone#: _____

Sewer and Water Value	
Storm Sewer Value	

Permit becomes void if the work does not begin within 180 days or is suspended at any time for over 180 days. Permits issued and inspections made by the City are a public service and do not constitute any representation, guarantee or warranty, either implied or expressed, to any person as to the condition of the building or conformance to applicable construction codes. The undersigned acknowledges that this application had been read and that the above is correct and agrees to comply with all the ordinances and laws of the City of Maple Grove.

Periodic and/or final inspection of this work is required by the Minnesota State Building Code. It is the responsibility of the applicant to call the Maple Grove Inspection Division at 763-494-6060 to schedule an inspection.

Contractor Signature _____ Date _____

Submittal Checklist:

___ 2 Copies of the plans are required. Plans must be signed by a State of MN Registered professional. ** Plan review process is 3-5 days**

Fee Calculation

Contract Amount	Formula	Fee
Job value of \$2500 or less	\$75	\$75
Job value over \$2501 to \$10,000 _____ - \$2,500 = _____ x 2% + -----→ (Total Job Value)	\$75 plus 2% of value over \$2500	
Job value greater than \$10,000 _____ - \$10,000 = _____ x 1.5% + ---→ (Total Job Value)	\$225 plus 1.5% of job value over \$10,000	
State Surcharge – to be included in each permit	.0005 x job value	
Total Permit Cost		

Permit Ready for Pick-Up/Mail:

___ Please ___call ___email me to pick up the plans and permit

___ Payment submitted; please mail permit and plans.

Payment Submitted:

___ Check ___ Credit Card ___ Discover ___ Mastercard ___ Visa ___AMEX

**Please Note: Permit fee of \$2,000 or more must be paid by check.

Total _____

Signature_____Date_____